PLEASE NOTE: YOU MUST COMPLETE THE FOLLOWING:

Insert Title

i.A

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Insert Priority

Check Box If Appropriate For Use Without Specification Attached

COMBINED DECLARATION AND POWER OF ATTORNEY FOR PATENT AND DESIGN APPLICATIONS

ATTORNEY DOCKET NO. 0690-0110P

(Status - patented, pending, abandoned)

(Status — patented, pending, abandoned)

As a below named inventor, I hereby declare that: my residence post office address and citizenship are as stated next to my name; that I verily believe that I am the original, first and sole inventor (if only one inventor is named below) or a joint inventor (if plural inventors are named below) of the subject matter which is claimed and for which a patent is sought on the invention

entitled: * GENE-THERAPEUTIC NUCLEIC ACID CONSTRUCT, PRODUCTION OF SAME AND USE OF SAME IN THE TREATMENT OF HEART DISORDERS the specification of which is attached hereto unless one of the following boxes is checked: The Specification was filed on May 14, 1998 ____and was assigned and was amended on . Serial No ... was filed as PCT international application number _ _ and was amended under PCT Article 19 on___ (if applicable). I hereby state that I have reviewed and understand the contents of the above identified specification, including the claims, as amended by any amendment referred to above. I acknowledge the duty to disclose information material to patentability as defined in Title 37, Code of Federal Regulations, §1.56.

I do not know and do not believe the same was ever known or used in the United States of America before my or our invention thereof, or patented or described in any printed publication in any country before my or our invention thereof, or more than one year prior to this application, that the same was not in public use or on sale in the United States of America more than one year prior to this application, that the invention has not been patented or made the subject of an inventor's certificate issued before the date of this application in any country foreign to the United States of America on an application filed by me or my legal representatives or assigns more than twelve months (six months for designs) prior to this application, and that no application for patent or inventor's certificate on this invention has been filed in any country foreign to the United States of America prior to this application by me or my legal representatives or assigns, except as follows:

I hereby claim foreign priority benefits under Title 35, United States Code, §119 of any foreign application(s) for patent or inventor's certificate listed below:

Prior Foreign Application(s)			Priority	Claimed	
195 42 838.2	38.2 Germany 11/17/199		. 🛛		
(Number)	(Country) (Month/Day/Year		Yes	No	
196 40 630.7	Germany	10/1/1996	M		
(Number)	(Country)	(Month/Day/Year Filed)	Yes	No	
(Number)	(Country)	(Month/Day/Year Filed)	Yes	No	
(Number)	(Country)	(Month/Day/Year Filed)	Yes	No	
(Number)	(Country)	(Month/Day/Year Filed)	Yes	No	
		or Inventor's Certificate File ling Date of This Application		han 12	
Country	Applicatio	n No. Date of Filin	Date of Filing (Month/Day/Year)		
	<u> </u>				
2	-	United States Code, §120. of ect matter of each of the claim	•		
application(s) hatcu oclow	and, modiai as the subj	cet matter of each of the claim	s or unsap	piicauoi	

is not disclosed in the prior United States application in the manner provided by the first paragraph of Title 35, United States Code, §112, I acknowledge the duty to disclose material information as defined in Title 37, Code of Federal Regulations, §1.56 which occurred between the filing date of

the prior application and the national or PCT international filing date of this application:

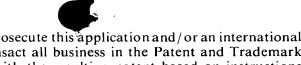
(Filing Date)

(Filing Date)

*NOTE: Must be completed.

(Application Serial No.)

(Application Serial No.)



I hereby appoint the following attorneys to prosecute this application and/or an international application based on this application and to transact all business in the Patent and Trademark Office connected therewith and in connection with the resulting patent based on instructions received from the entity who first sent the application papers to the attorneys identified below, unless the inventor(s) or assignee provides said attorneys with a written notice to the contrary:

RAYMOND C. STEWART (Reg. No. 21,066) JOSEPH A. KOLASCH (Reg. No. 22,463) JAMES M. SLATTERY (Reg. No. 28,380) DONALD C. KOLASCH (Reg. No. 23,038) CHARLES GORENSTEIN (Reg. No. 29,271) LEONARD R. SVENSSON (Reg. No. 30,330) MARC S. WEINER (Reg. No. 32,181)

TERRELL C. BIRCH (Reg. No. 19,382) ANTHONY L. BIRCH (Reg. No. 26,122 BERNARD L. SWEENEY (Reg. No. 24,448) MICHAEL K. MUTTER (Reg. No. 29,680) GERALD M. MURPHY, JR. (Reg. No. 28,977) TERRY L. CLARK (Reg. No. 32.644). ANDREW D. MEIKLE (Reg. No. 32,868)

PLISE NOTE: YOU MUST COMPLETE THE FOLLOWING:

Send Correspondence to: BIRCH, STEWART, KOLASCH AND BIRCH

P.O. Box 747 Falls Church, Virginia 22040-0747

Telephone: (703) 205-8000 Facsimile: (703) 205-8050

I hereby declare that all statements made herein of my own knowledge are true and that all statements made on information and belief are believed to be true; and further that these statements were made with the knowledge that willful false statements and the like so made are punishable by fine or imprisonment, or both, under Section 1001 of Title 18 of the United States Code and that ay jeonardize the validity of the application or any patent issued

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Full Name of First or Sole	GIVEN NAME	FAMILY NAME	INVENTOR'S SIGNATURE		DATE			
Inset Name of Inventor inset Date This Document Is Signed	Wolfgang-	M. FRANZ	Wolfging -	M. Farz	10-21-98			
Insert Residence	RESIDENCE (City, State & Country)							
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Insert Post Office	POST OFFICE ADDRESS (Complete Street Address including City, State & Country)							
Address	Fasanenring 10							
Full Name of Second	GIVEN NAME	FAMILY NAME	INVENTOR'S SIGNATURE	,	*DATE			
see above	Thomas	ROTHMANN	- Roman Rd	,	10-21-98			
100	RESIDENCE (City, State & Country)							
	D-69123 H		Germany German					
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	H IM Karoli Gudrunstr							
Name of Third	GIVEN NAME	FAMILY NAME	INVENTOR'S SIGNATURE	A STATE OF THE STA	*DATE			
inventor, if any:	H.A.	KATUS	1 1/1/1/1/1/1/1/1/1/1/1/1/1/1/1/1/1/1/1		10-21-98			
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Ó	D-23909 Ratzeburg / Germany German							
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Full Name of Fourth Inventor, if any:	GIVEN NAME	FAMILY NAME	INVENTOR'S SIGNATURE		DATE			
see above								
	RESIDENCE (City, State	& Country)		CITIZENSHIP				
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Full Name of Fifth Inventor, if any:	GIVEN NAME	FAMILY NAME	INVENTOR'S SIGNATURE		*DATE			
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 date this document is signed. 	POST OFFICE ADDRE	POST OFFICE ADDRESS (Complete Street Address including City, State & Country)						
Page 2 of 2								
(USPTO Approved 3-90) (Revised 7-93)				,-,-				